

## Enrolment and Booking Form

OSHC Centre Name			
Child's Given Name		Child's Family Name	Male/Female
Address			
Home Phone	Child's DOB	Legal Guardian	Primary Language
OSHC Start Date	Date Started School	Child's CRN	Religion/Cultural Background

	PARENT 1 (CCB Claimant) (fees billed to this person)	PARENT 2
Relationship to child		
Given Name		
Family Name		
Home Address		
DOB		
CRN		
Phone (H)		
Phone (M)		
Phone (W)		
Email		

MEDICAL INFORMATION	Has your child had any of the following:-		
Doctors Name	German Measles	Chicken Pox	Other
Address	Mumps	Hepatitis	
	Measles		
Phone No	Disability Status/Special Considerations		
Contact Doctor	Yes / No	Is there any other information you wish us to know about your child? (Special food requirements/religious considerations/ fears etc)	
Medicare No			
Private Health Fund Particulars			
Is your child on any regular medication or have any disabilities, food sensitivities or allergies we should know about? No / Yes (give details)			

Siblings attending another Childcare Centre?	Yes/No	How Many?
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Alternative Contact Information	Contact 1	Contact 2	Contact 3
Person's Name			
Relationship to child			
Home Address			
Phone (H)			
Phone (W)			
Phone (M)			
Emergency. Release	Yes / No	Yes / No	Yes / No
Authority to pick up	Yes / No	Yes / No	Yes / No
Is there anyone prohibited from having contact with or collecting the child? (Court Order required if Parent is prohibited)			

List at least 2 people who are authorised to collect your child and at least 2 people that we may contact if we cannot contact you in an emergency (they can be the same persons)

<b>BOOKINGS (tick as required)</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>PERMANENT BEFORE SCHOOL CARE</b>					
<b>PERMANENT AFTER SCHOOL CARE</b>					
<b>CASUAL OR VC BOOKING ONLY</b>					

#### INFORMATION REQUESTED BY DEEWR

We are required to collect the following information for DEEWR. Please tick/circle the appropriate answer. You do not need to give details.

Is your child of Aboriginal or Torres Strait Islander origin?	No	Yes, Aboriginal	Yes Torres Strait Islander
<b>Does your child have a need for additional assistance in any of the following areas, compared to children of a similar age, that is related to an underlying long-term (lasting for more than 6 months) health condition or disability?</b> <ul style="list-style-type: none"> <li>• Learning and applying knowledge, education</li> <li>• Communication</li> <li>• Mobility</li> <li>• Self-Care</li> <li>• Interpersonal interactions and relationships</li> <li>• Other – including general tasks, domestic life, community and social life</li> </ul>			Yes/No
<b>Does your child have any special needs in the following areas?</b> <ul style="list-style-type: none"> <li>• Children from culturally and linguistically diverse backgrounds</li> <li>• Children with a refugee background who have been subjected to trauma</li> <li>• Indigenous children</li> <li>• The child's place has been sought by a state or territory child protection worker</li> <li>• The child is in the care of the state, or other forms of out of home care</li> </ul>			Yes/No

**PRIORITY OF ACCESS GUIDELINES**

Under our agreement with The Australian Commonwealth Government for Childcare Benefit approval we must offer places first to parents/carers who meet the priority of access guidelines stipulated. To assist us to determine your “need” for childcare support, in accordance with this access system, please indicate the following

Whether your childcare needs are work/study related	Y / N	Disabled person in the family	Y / N
Aboriginal/Torres Strait Islander family (delete non-applicable)	Y / N	Single parent	Y / N
Lower income	Y / N	Socially isolated	Y / N
Non English speaking background	Y / N		

**BY SUBMITTING THIS FORM I AGREE TO THE FOLLOWING:**

The information I have provided is accurate and correct.

I have read and understood the Centre Information Booklet and agree to abide by the Policies, Procedures and conditions described therein.

I understand that any changes to the permanent bookings will require two weeks’ notice and that permanent bookings must be paid for regardless of my child’s attendance.

I agree to pay all fees and charges when they become due and I understand that late fees will be charged for any overdue payments.

I understand that if I do not provide the CRN and date of birth for my child and myself I will not receive CCB discounted fees nor be entitled to the Child Care Rebate.

In the event of an emergency, illness or accident concerning my child and Centre staff being unable to contact me or other persons so authorised by me, I consent to the Centre seeking on my behalf, medical, dental, hospital and ambulance attention for my child and I accept full liability for any medical, dental, hospital and ambulance expenses as may be incurred

I consent for the use of my child’s photograph in professional journals and for Centre publicity materials (no names will be given).

**Signed:**

**Date:**

Office use only

Entered into QikKids	Registration & Bond billed	ID no advised to parent	Orientation Visit conducted
			Date Sign